



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

LISTING OF CHILD CARE STAFF MEMBER(S)/HOUSEHOLD MEMBER(S)

FACILITY IDENTIFYING INFORMATION

I HEREBY CERTIFY THAT: <ul style="list-style-type: none">• THE LIST BELOW INCLUDES ALL STAFF MEMBERS (INCLUDING CAREGIVERS, VOLUNTEERS, CHILD CARE STAFF MEMBERS, ASSISTANTS, AND OTHER STAFF) AND ALL HOUSEHOLD MEMBERS.• THE INFORMATION BELOW IS TRUE AND ACCURATE.	LEGAL NAME OF FACILITY	
	DVN	
	FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)	
SIGNATURE (CHECK APPROPRIATE TITLE) <input type="checkbox"/> OWNER(S) <input type="checkbox"/> BOARD CHAIRPERSON <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> DESIGNEE	DATE	

CENTER DIRECTOR/ GROUP HOME PROVIDER/ FAMILY HOME PROVIDER WORK SCHEDULE

(Enter the approximate start and end time for each applicable work day of the week.)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START TIME	START TIME	START TIME	START TIME	START TIME	START TIME	START TIME
END TIME	END TIME	END TIME	END TIME	END TIME	END TIME	END TIME

CHILD CARE STAFF MEMBER / ADULT HOUSEHOLD MEMBER IDENTIFYING INFORMATION

(See page 2 for all Household Members under 18 years of age.)

NAME	CATEGORY (CHECK ALL THAT APPLY)	BIRTH DATE	MOPD ID	POSITION	DATE EMPLOYED
	<input type="checkbox"/> STAFF MEMBER <input type="checkbox"/> HOUSEHOLD MEMBER				
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